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CONFIRMATION NO. 7640

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/829,631	04/10/2001	435	1631	NIH047.1CP1C1
RULE				

## APPLICANTS

David R. Sibley, Gaithersburg, MD;  
Frederick J. Monsma JR., Riehen, SWITZERLAND;  
Mark Hamblin, Seattle, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 08/428,242 09/18/1995 ABN  
which is a 371 of PCT/US93/10296 10/26/1993  
which is a CON of 07/970,338 10/26/1992 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/17/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

20995

## TITLE

ST - B17 SEROTONIN RECEPTOR

FILING FEE RECEIVED 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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CONFIRMATION NO. 7640

SERIAL NUMBER 09/829,631	FILING DATE 04/10/2001  RULE	CLASS 435	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. NIH047.1CP1C1
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## APPLICANTS

David R. Sibley, Gaithersburg, MD;

Frederick J. Monsma JR., Riehen, SWITZERLAND;  
 Mark Hamblin, Seattle, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a ~~CON~~ of 08/428,242 09/18/1995 ABN

*which is continuation-in-part  
 of PCT/US93/10296 10/26/93  
 which is continuation in part of 07/970335 10/26/92*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED STATES OF AMERICA PCT/US93/10296 10/26/1993

MPA 8/19/04

*see 1st  
 paragraph of  
 specification  
 as amended*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/17/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	5	16	2
Examiner's Signature: <i>Marianne P. Allen</i>		Initials			

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